

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028049

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 211

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

FILED AUG 12 1963

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in lb <u>4 days</u>	
c. FULL NAME OF DECEASED (NOT in hospital, give location) <u>Wright Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>303 West Grovel</u>	
3. NAME OF DECEASED (Type or print) <u>ROBERT F BILLINGSLEY</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>3</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-31-1880</u>
9. AGE (last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u>	
11. BIRTHPLACE (City and state or country) <u>Ellarado Springs Mo. U.S.A</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Carmen Billingsley</u>		13b. MOTHER'S MAIDEN NAME <u>Viola Davis</u>	
14. NAME OF HUSBAND OR WIFE <u>Rita Billingsley</u>		15. WAS DECEASED EVER IN U.S. ARMY, AIR FORCE, NAVY, OR MARINE CORPS? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	
16. INFORMANT Address <u>4A Mrs R F Billingsley Clinton Mo.</u>		17. INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>inattention</u> DUE TO (b) <u>lobar pneumonia</u> DUE TO (c) <u>3 days</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>15:30</u> Month, Day, Year <u>Aug 1-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>Clinton</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>Aug 1-63</u> to <u>Aug 3-63</u> and last saw <u>him</u> alive on <u>Aug 3-63</u> Death occurred at <u>15:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R Powell DO</u> (Degree or title)		22b. ADDRESS <u>Clinton Mo</u>	
22c. DATE SIGNED <u>8/6/63</u> (State)		23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24. FUNERAL DIRECTOR <u>F.L. SCHABER</u> ADDRESS <u>CLINTON MO</u>		25. DATE RECD. BY LOCAL REG. <u>8-7-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Begum</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Plenton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit Obtained 8-7-63 (M.B.)